MASSACHUSETTS COMPENSATION REVIEW SYSTEM
April 4, 2004 Meeting

PRESENTERS:

Deborah Di Bella - CRS Clinical Coordinator

Fran Clarke - CRS data coordinator

1. CRS Overview

CRS Objectives:

- Provide standardized, comparable data for the improvement of programs, policies and services relative to injured worker's health care in MA,
- Review compliance with HCSB Treatment Guidelines
- Review patterns of care,
- Review utilization of medical services and trends in medical care.

PROJECT STATUS - One year of data has now been collected.

1Q2003 – Due to data issues this quarter was used to recognize & rectify:

- multiple data issues with reporting entities;
- inaccurate Federal Tax Identification Numbers.
- entities reporting for multiple insurers/self-insurers
- required fields of data were not always gathered when medical bills were paid,
- missing any/all required fields/columns

2Q2003 & 3Q2003 - were used for this analysis. The 4Q2003 will be incorporated into future reviews/analysis.

- we know that all bills paid on claims in these two quarters of data were not captured in this analysis due to issues related to submission and payment of medical bills
- additional bills will be reimbursed effecting 2nd and 3rd Quarter claims and could be collected in the 4Q2003
- some bills for these quarters will be submitted and paid in 2004
- therefore, evaluation and analysis of under treatment was not done at this time.
- Any received data containing empty rows/column(s) affecting required data elements could not be used.
- Claimant data where the Date of Injury minus the Date of Birth resulted in a claimant either over 67 years of age or under 16 was eliminated from this presentation; these claims will be verified with the submitting entity
- this analysis uses only data where the DOI was equal to or greater than 4/1/03, eliminating data that could not be used for the purposes of analyzing TG 20 or 21
- A claim is defined as a complete row of data having all the required fields of data filled. There can be many claims associated with a claimant.
- A claimant is defined by combining 3 required data elements, Gender/DOB/DOI.
- The total numbers of claims in this the second and third quarters are14,926.
- The total number of claimants equals 2,324.
- CPT codes reported for both quarters are 157,327.
- Total number of providers rendering services is 5,559.
- Data was broken down into 4 types:
  1. Chiropractic,
  2. Physical Therapy,
  3. MD and
  4. Occupational Therapy

2a. Preliminary Claims Analysis - Process

CRS Evaluation Process –

The OHP is evaluating compliance with TG based on Utilization Review. In MA the trigger for utilization review is the date treatment is requested, once treatment is requested the time tolls for the TG. The data collected for CRS does not capture the date treatment is requested, as it is a system that collects data from medical bills. Therefore, a decision was made regarding the trigger for the time to toll for evaluating the TG. The date the claimant first receives treatment will toll the time for evaluating the 0-6 weeks for TG 20 and the 7 to 12 weeks for TG21.

The OHP collected data based on a CPT code list. This method of data collection limited collection of data on treatments not allowed under the Treatment Guidelines. The result is we may not have captured data related to all treatment that was rendered, as the CPT codes for treatments not allowed under the Treatment Guidelines were not included. Data collection for 2004 will collect all CPT codes associated with relevant ICD9 codes stated on a list published on the OHP-CRS web site.

2B. Preliminary Claims Analysis Results - Overall

The following are the preliminary results of the data analysis.

<u>Access To Health Care</u>

The OHP is evaluating how soon after the date of injury treatment is rendered. We calculated the average number of days from the DOI to the first date of treatment in each category. The results are:

Chiropractic - 12 days, PT - 18 days, MD - 15 days and OT - 21 days.

We reviewed the number of claims that treated on the date of injury, the day after the injury, the 2nd day after the injury, up to the seventh day. We grouped the claimants that treated on the eighth day and beyond together. The data indicated:

29 treated prior to DOI	1.25%

This may be a data entry issue related to the submission of data or it may be that treatment was rendered prior to the data of injury. These claims will be reviewed and follow up will be done with the entities that submitted the data.

228 treated on same DOI	9.81%
199 treated first day after injury	8.56%
137 treated second day after injury	5.90%

105 treated third day after injury	4.52%
97 treated fourth day after injury	4.17%
93 treated fifth day after injury	4.00%
92 treated sixth day after injury	3.96%
112 treated seventh day after injury	4.82%
1230 treated 8th day and beyond	52.93%

The data indicates that 52.93% of the claimants in the categories do not obtain treatment until 8 days or more after their injury and that on the average the claimants receives treatment 12 days after the DOI, why? This issue has been the subject of research done by the Workers Compensation Research Institute (WCRI). In July 2003, WCRI published, The Anatomy of Workers' Compensation Medical Costs and Utilization: Trends and Interstate Comparisons, Third Edition. The authors indicate that in MA far more injured workers receive treatment initially in a hospital than in other states studied. If this is accurate and more claimants treat initially in hospitals the above figures may substantiate this assertion, or is it that a majority of claimants do not treat for several days after the injury. With the collection and review of additional data we may be able to do a more complete analysis of this issue and find out how soon and where injured workers treat in MA.

How long do injured workers treat:

The OHP calculated the average number of days from the DOI to the last DOS.

Chiropractic - 31 days, PT - 44 days, MD - 24 days and OT - 26 days.

We reviewed the number and % of claimant that treated beyond TG 21 in the categories. This indicates treatment under another treatment guideline.

Chiropractic - 2.90%, PT - 3.04%, MD and OT 0%.

In the 4 categories 46 claimants or 1.98% continued to treat after 12 weeks beyond TG 21, which is a small percentage of claimants. However, remember that the analysis is limited by the factors previously discussed and we eliminated data related to chronic back pain.

How often is treatment rendered and what services are provided:

- Average number of times a claimant receives chiropractic care in both TG is 4,
- Average for PT is higher in TG 20, 6 sessions and TG 21, 4 sessions,
- Average for MD is 2 sessions and,
- OT TG 20, 1 session and no treatment for TG 21.

We reviewed the average number of treatments per claim, which is the average number of treatments for all the claimants in the category.

Chiropractic - 7, PT - 19, MD- 2 and OT - 2.

A review of the data indicates that PT render the most sessions and treatments per claimant. The data differs from the WCRI data, which indicates that in MA chiropractic care renders the most treatments to injured workers with PT and OT rendering the least. It will be interesting to see if these results change as we collect and add more data to the analysis.

What services are provided, and how many types of services do claimants receive:

We did a count of how many types of services a claimant received by category. First we did the analysis using the data in the chiropractic, PT and MD categories.

1,145 used only one of the three types of services, 634 used two of the three types of services, and 162 used all three types of services.

Than we added OT to the numbers.

1,138 used one of the four types of services, 629 used two of the four types of services, and 176 used three of the four types of services. No claimant used four types of services. The data indicates that over half the claimants in the categories receive care from only one type of provider.

How far do IW travel to obtain medical care and,
How often do IW seek treatment outside of area where they live:

Caveat:

These are difficult issues to evaluate, due to the fact that collection of zip codes was and continues to be an issue. Many of the zip codes were not and continue not to be formatted correctly. Many entities did not capture zip codes in the data for the first year. Given these limitations, the OHP did a check of matching zip codes. We extracted the claims were the claimant's zip and the provider's zip matched. The percentage of claims that treat with a practitioner in the same area as they reside is:

Chiropractic - 8.55%, PT - 9.06%, MD - 6.19% and OT - 9.68%.

The issue of how often IW seek treatment outside of the area were they live was not analyzed at this time because of the limitations in data collection.

Compliance with TG

In 2003 the OHP evaluated:

TG 20 Diagnosis and Treatment of Neck and Back (Spine) Injuries Conservative Outpatient Treatment up to 6 weeks and, TG 21 Diagnosis and Treatment of Neck and

Back (Spine) Injuries Conservative Outpatient Treatment from 7 to 12 weeks from date of injury.

We did an outline of the treatment allowed under TG 20 and 21 and are presenting the results of the following analysis.

Treatment Guidelines 20 and 21 Outline

1. **Number of sessions allowed by providers;**
   - Chiropractic and PT
     - TG 20 Maximum18 DOS for 0-6 weeks.
     - TG 21 Maximum 10 visits 7-12 weeks
   - OT
     - TG 20 Maximum 6 DOS for 0-6 weeks
     - TG 21 Maximum 10 DOS 7-12 weeks.
     - Average number of visits for TG 20 and TG 21
     - Percentage of outliers for TG 20 and TG 21
     - Percentage of claims that treated into TG 21
2. **Average days from DOI to first DOS**
3. **Average days from DOI to last DOS**
4. **Average number of services (Dates of Treatment) per claim.**
5. **Average age**
6. **XRAYS**
   - TG 20 Maximum 4 views back,5 views neck.
   - TG21 Same as TG 20 if not previously done
   - Percentage of outliers for TG 20 and TG 21
   - Percentage of claims that had x-rays in database

6A. MRI/CT Scans

   - TG 20 not allowed .
   - TG 21 Allows with exception
   - Percentage of outliers for TG 20
   - Percentage of claims that had MRI/CTScans in database

7. **MD Visits**
   - TG 20 Maximum 4 visits.
   - TG 21 Maximum 2 visits.
   - Average number of visits for TG 20 and TG 21
   - Percentage of outliers for TG 20 and TG 21
   - Percentage of claims that an MD visits was associated with the DOT.
8. **OT**
   - TG 20 Maximum 6 visits
   - TG 21 Maximum 10 visits
   - Percentage of outliers for TG 20 and TG 21

9. Trigger injections

TG 20 Maximum 2 injections within 4 weeks
TG 21 Maximum 1 injection

10. Therapeutic adjustments and manipulation:

There are no restrictions on the number of times these treatments can be render.

11. Therapeutic Exercises:

There are no restrictions on the number of times these treatments can be render.

12. Physical Agents

TG 20 Maximum 2 per treatment session
TG 21 Maximum 1 per treatment session
Percentage of outliers for TG 20 and TG 21
Percentage of use of treatment in database.

One last comment before we review the data results for compliance with the TG. As the TG states and I quote **"the guidelines are meant to cover the majority of tests and treatments. It is expected that approximately 10% of cases will fall outside the guidelines and require review on a case by case basis."**

2B. Preliminary Claims Analysis Results –

1. Number of sessions allowed by providers.

The OHP reviewed the maximum number of session allowed providers under the Treatment Guidelines. See outline above. We calculated the average number of visits for Treatment Guidelines 20 and 21, which we discussed under access to health care. We calculated the percentage of outliers for Treatment Guideline 20 and Treatment Guideline 21. An outlier is a claimant that treats more than the maximum number of treatments allowed under the Treatment Guidelines. Then we calculated the % of claimants that treated after Treatment Guideline 20 into Treatment Guideline 21 in each category.

The number of claimants that received treatment in each category under Treatment Guideline 20 is Chiropractic 585, PT 949, MD 759, and OT 31. Under Treatment Guideline 21 Chiropractic 107 claimants treated into Treatment Guideline 21, PT 208, MD 46, and OT 0.

The % of outliers under Treatment Guideline 20 Chiropractic 1.19%, PT 1.05%, MD 2.11% and OT 3.22%. Treatment Guideline 21 % of outliers is Chiropractic 0.85%, PT is 1.26%. There were no outliers for MD and OT, no one treated beyond the number of sessions allowed under the Treatment Guidelines.

It appears that OT has the highest % of outliers under Treatment Guideline 20 but this is 1 claim out of 31. The data indicates that MD render the most treatment over the Treatment Guidelines under Treatment Guideline 20 and PT over treats the most for Treatment Guideline 21.

The percentage of claimants that treated beyond Treatment Guidelines 20 into 21 was calculated for each category. This gave us an indication of the provider category that treats the longest. Chiropractic 18.29% of claimants continued to treat into Treatment Guideline 21, PT 21.92%, MD 6.06% and OT 0%.

2, 3 and 4 were discussed under access issues.

5. Age

The average age in each category was chiropractic 42, PT 40, MD 41, and OT 45. The average for all categories is 42. The youngest average age was in the PT category and the oldest was in OT. A review of statistics published by the DIA titled Massachusetts Occupational Injury an Illness Statistics 1999 – 2001 finds that most industrial injuries occur in the age group of 35 – 44 in MA. Our data substantiates these findings.

6. X-rays

We reviewed the X-rays that are allowed under the Treatment Guidelines. We calculated the % of outliers under Treatment Guideline 20 and the % of claimants that had x-rays.

Under Treatment Guideline 20 Chiropractic had the most x-rays done 95, PT 76, MD 42, and OT 0. The % of outliers, claimants that had more x-rays than allowed under the Treatment Guidelines was very small in Chiropractic 0.34% and PT is 0.21% none in MD or OT. The % of claimants that had x-rays done in the 4 categories is chiropractic 16.24%, PT 8.01%, MD 5.80% and OT 0%.

Under Treatment Guideline 21, 3 claimants had x-rays done from 7-12 weeks. A review of the claimants indicated that 2 of the 3 claims had x-rays done under Treatment Guideline 20. Because these x-rays had the same CPT code as the x-ray done under Treatment Guideline 20 the question is, are this a new x-ray or is this payment for the professional component of the x-ray that was previously done in Treatment Guideline 20. To clarify this the data will be discussed with the entities that submitted it. This is the reason the OHP decided to change the way data is collected in 2004. The decision not to collect modifiers was made to avoid obtaining data related to payment for the professional component of the x-ray. But as we previously stated, confusion regarding data collection has led us to reverse this decision and again collect all data, even data with modifiers, for the second quarter of 2004.

6A. MRI/CT Scans

Under Treatment Guideline 20 these tests are not allowed, Treatment Guideline 21 allowed with exception. We calculated the % of outliers for Treatment Guideline 20 and the % of claims that had MRI/CT Scans.

The number of MRI/CT Scans done under Treatment Guideline 20: chiropractic 26, PT 60, MD 30, and OT 0. The numbers of test done under Treatment Guideline 21 is Chiropractic 6, PT 17, MD 10, and OT had 1. The % of outliers under Treatment Guideline 20 for Chiropractic is 4.89%, PT 6.32%, MD 3.95% and OT 0. The % of claimants that had tests done in each category is: chiropractic 5.47%, PT 8.11%, MD

5.27% and OT 3.22%. Note that none of the % obtained is over the 10% rule that is applied to UR. However, given the number of MRI/CT Scans done under Treatment Guideline 20 this may be an issue referred to the HCSB to look at regarding revision of the Treatment Guidelines.

7. MD visits

Under Treatment Guideline 20 maximum of 4 visits are allowed and Treatment Guideline 21 maximum 2. We calculated the average number of visits under the Treatment Guidelines and discussed this under access to health care. We calculated the % of outliers for Treatment Guidelines 20 and 21.

The number of claimants that had MD visits. In Treatment Guideline 20 Chiropractic 223 claimants had DOS with MD visits, PT 402, MD 759, and OT 47, Treatment Guideline 21 Chiropractic 46, PT 23, MD 46, and OT 1. The % of claimants that had more MD visits than the 4 visits allowed under Treatment Guideline 20 is chiropractic 2.22%, PT 3.48%, MD 2.11% and OT 0. The % of claimants that had more than the 2 visits allowed under Treatment Guideline 21 is Chiropractic 1.20%, PT 0.10% and 0 in MD and OT.

8. OT

This is the least used service only one claimant of 31 had one date of over treatment under Treatment Guideline 20.

9. Trigger Point Injection

There were only two injections done in all 4 categories, none exceeded the treatment guidelines. It appears these services were either not used or not captured by the CPT codes we listed.

10 and 11. Therapeutic Adjustments and manipulations and Therapeutic Exercises.

There are no restrictions on the number of times these treatments can be rendered. The number of treatments rendered ranged from 2 to 24 depending on the claimant being treated. As 15-minute session can be billed multiple times, over treatment and overuse under the Treatment Guidelines can not be evaluated.

12. Physical Agents

Under Treatment Guidelines 20 there is a maximum of 2 physical agents allowed per treatment session and under 21 max of 1. We calculated the percentage of outliers for Treatment Guidelines 20 and 21 and the % of use of these treatments in each category. The number of claimants that had physical agents applied in each category in Treatment Guideline 20 is chiropractic 291, PT is 779, MD is 0 and OT is 15. Under Treatment Guideline 21 chiropractic are 92, PT 152, MD 0 and OT is 1. The % of use of physical agents over the 2 per session allowed under TG 20 is chiropractic 24.40%, PT 21.81%, MD 0, and OT is 6.45%. Under Treatment Guideline 21 chiropractic 9.06%, PT 16.23%, MD 0 and OT 3.23%. The % of treatment with physical agents in the categories is chiropractic 67.18% of claimants had physical agents used in a treatment session, PT

98.31%, MD 0 and OT 51.36%. This is the only query were the results exceeded the 10% rule under the

2B. Preliminary Claims Analysis Results - Analysis Issues

The OHP reviewed billing issues, utilization review issues and trends in treatment.

I have stated the limitations in the analysis and I want to stress that some of the following issues may be real and/or some may be data collection issues. At this time we have not called entities to confirm that the data submitted is correct, and that the data submitted is not duplicate data. Please be aware of this when we discuss the following issues.

The analysis highlighted several billing issues. There is data that may indicate that some providers are billing incorrectly and/or overbilling on claims. The OHP identified billing issues that we believed were at issue. We wanted to verify that we were correct regarding the identified issues, so we formulated questions and asked Dr. Peter Hyatt, the chiropractor who serves on the HCSB, to answer some questions regarding billing practices. The following are the questions and responses.

Q. Can a chiropractor bill for multiple Chiropractic Manipulative Treatment in a session?
A. NO, CMT should only be billed once per session and the only time there should be a duplicate charge is when the claimant goes for 2 sessions on the same day. If a claimant is treated twice on a day the need for the second treatment session must be documented.

Q. Can a chiropractor bill CMT to 1-2 regions and 3-4 regions, multiple times in a session? Why not bill under the higher code for 5 regions?
A. It should be billed under the 5-region code.

Q. Can a chiropractic bill repeatedly in 1 session for Therapeutic Procedures Neuromuscular Reduction, Hot and Cold Packs, Electrical Stimulation and Vasopneumatic Devices? There is nothing in the CPT code that indicates you can bill for 15 minute intervals, as there are under some of the codes.
A. NO, these treatments can only be billed once per session.

Q. Can you bill for a MD visit on each date that chiropractic care is rendered.
A. A chiropractic should not bill for an MD visit on each DOS, unless there is documentation to justify a reevaluation and notes to substantiate the billing. If there is a change in the claimant's status or a need for management a separate MD visit can be billed. Dr Hyatt stated that there may be some confusion due to changes in billing that occurred about 4 years ago and that prior to these changes a doctor could bill for each date of service. He stated that there may be a need to review billing changes with some chiropractors. The OHP will review cases with issue and address them on an individual basis.

In addition to these billing questions there were issues related to specific claims. The issues were:

- Multiple charges for a new MD visit after the provider previously saw the claimant, visits after the first visit should be billed as an established visit,
- Billing for 2, ½ hour visit instead of a 1hour visit and
- Multiple charges for MD visit with same MD on same day.

There was one billing issue that was related to OT, a provider charged for a one time only CPT code evaluation three times on the same claimant on three different dates of service.

The above issues result in higher charges for medical care rendered. If the data, once verified, is accurate correcting these issues will result in decreased medical costs for injured workers. If there are recurrent issues with specific providers the matter will be referred to the HCSB for follow-up.

Utilization Review issue:

The OHP is evaluating delays and gaps in treatment. In the 4 categories one claim had an issue with delay in treatment. In this case the PT evaluation was done 1 month prior to the PT visits being rendered . Was this a UR issue that resulted in the delay or did another issue cause the delay? This case will be reviewed and discussed with the submitting entity.

The use of physical agents is one modality that has issues of over treatment and non-compliance with the TG. This is an area were compliance with Treatment Guidelines will result in decreasing the cost of medical care.

The OHP is evaluating if Treatment Guidelines are used to render decisions on UR. A initial review of the data indicates that they are. If we look at the results of the data and the outliers with the exception of the use of physical agents the outliers are all significantly under 10%. Applying the 10% rule it appears that there is compliance with the Treatment Guidelines.

2B. Preliminary Claims Analysis Results - Trends In Treatment

Comparison of data indicates:

Chiropractic :

- Do the most x-rays.
- Highest overuse of physical agents under TG 20.
- Claimants obtain care sooner after the DOI from this provider than others.

PT:

- Render the most treatments per date of service at 19 significantly more than any other database.

- Higher percentage of claims that treat into TG 21, which indicates PT, treats longer than other providers.
- Has the highest number of MRI/CTScans done under Treatment Guidelines,
- Uses the highest number of physical agents per claimant.
- The youngest average age of the claimants.
- Renders care to the most claimants in the database.

MD:

- Lowest number of x-rays done in database.
- No claimant treated beyond TG 21.

OT:

- Least used services,
- Used latest in injury,
- Oldest average age.
- Highest number of services rendered where claimant resides.

Some of the analysis and results the OHP found can be compared to WCRI. The data we collected indicates that PT services are rendered more often and for longer. In comparison the WCRI indicates chiropractic services are rendered more often in MA. Our results do substantiated the WCRI data regarding low use of OT services. However, in reviewing these trends remember the limitations previously discussed in the data analysis

3. Data Submission

a. Submission and Receipt:

- The data must be submitted in the correct format with the 11 required fields filled in each column and each row,
- Must submit the zip codes in a 5-digit format – Massachusetts zips start with a zero,
- Must submit FEIN on each line in the data, it is a required field (provider & Insurer),
- Must submit quarterly data when due,
- All CPT Codes on a bill with a back primary ICD9 code should be submitted and
- Finally, in an attempt to make it easier to submit data, it is no longer necessary to submit the requested fields of data (Injured Body Part, Treatment Description, TPA/ClaimHandler)..

B. Data Gathering:

- Incorporate additional data,
- Evaluate and analysis of under treatment in TGs,
- Verification of data submitted - including DOB, and age issues,
- Verification of billing issues and over treatment issues with entities and
- Evaluate additional TGs in 2004.

c. Upcoming Analysis Will Include:

Initial analysis indicates that the OHP has the capability to evaluate the issues listed below. The analysis is limited by the factors we previously discussed but with continued data collection and analysis we can accomplish the CRS goals and:

- Evaluate IW access to health care,
- Evaluate standards of practice and compliance with the treatment guidelines,
- Evaluate over and under utilization of treatments,
- Evaluate trends in the treatment of IW with back injuries and
- Evaluate the need to update and revise the Treatment Guidelines.

d. Totals Of Claims Received 2nd and 3rd Quarter 2003

Total claims records received for the 2nd & 3rd quarters	304,771
Total usable records	197,416
Total records missing Entities	107,355

Unusable Record breakdown:	
Missing Gender information	26,841
Missing Date Of Birth information	46,161
Missing Claimant Zip information	17,070
Missing Date Of Injury information	83
Missing Date of Treatment	50
Missing CPT Code	1,491
Missing ICD9	3,517
Missing Insurer FEIN	6,708
Missing Insurer Claim Number	711
Missing Provider FEIN	611
Missing Provider Zip	1,545

Date of Treatment Before Date of Injury	515
Claimant less then 16 years of age	271
Claimant greater than 67 years of age	1,781